

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Julia M. Troncoso Santiago

Participant's Address:

H C 08 Box 880, Ponce, P.R. 00731-9474

Participant's Email Address:

juliamtroncoso@hotmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

RECEIVED & FILED  
2021 AUG 27 PM 1:49  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

10923

Nature of Claim:

Retirement Pension Adjustment of Commonwealth of P.R.

By:

Julia M. Troncoso Santiago  
Signature

Julia M. Troncoso Santiago  
Print Name

Typing Office Clerk I  
Title (if Participant is not an individual)

20/agosto/2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

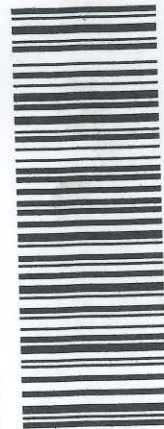
Mrs. Julia M. Troncoso Santiago  
Hc 08 Box 800  
Ponce, P.R. 00731-9474

RETURN RECEIPT  
REQUESTED

RECEIVED & FILED  
AUG 27 PM 1:40  
CLERK'S OFFICE  
DISTRICT COURT  
SAN JUAN, P.R.

Court's Clerk's Office at:  
United States District Court  
Clerk's Office  
150 Ave. Carlos Charden Ste. 150  
San Juan, P.R. 00918-1767

OF THE RETURN ADDRESS  
CERTIFIED MAIL®



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U.S. POSTAGE PAID  
FOM, LIT, PMR  
AUG 24, 21  
AMOUNT  
\$7.00  
R2305K136463-04

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Julia M-Troncoso Santiago

Participant's Address:

HCO 8 BOX 880, Ponce, P.R. 00731-9474

Participant's Email Address:

juliamtroncoso@hotmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

102114

Nature of Claim:

The Commonwealth of P.R. (Adjustment salary)

By:

Julia M. Troncoso Santiago  
Signature

Julia M. Troncoso Santiago  
Print Name

Typing office clerk I  
Title (if Participant is not an individual)

20/agosto/2021  
Date

RECEIVED & FILED  
2021 AUG 27 PM 1:39  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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Mrs Julia M. Troncoso Santiago  
Hc08 Box 808  
Ponce, P.R. 00731-9474

RECEIVED & FILED  
AUG 27 PM 1:47  
CLERK'S OFFICE  
DISTRICT COURT  
SAN JUAN, P.R.  
RETURN RECEIPT  
REQUESTED

Court's Clerk's Office at:  
United States District Court  
Clerk's Office  
150 Ave. Carlos Charden Ste. 150  
San Juan, P.R. 00918-1767

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R2305K136463-04



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SERV E  
STATES

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Pramesa III

By: *Sonia I. Perez Diaz*  
Signature

SONIA I. Perez Diaz  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

25/8/21  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Sonia I. Perez Diaz  
Repto. Metropolitan  
46 SE #1216  
San Juan, PR 00921

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2021 AUG 27 PM 1:38

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court, Clerk's  
Office 150 Ave. Carlos Chardon St. 150  
San Juan, P.R. 00918-1767



1000



00918

U.S. POSTAGE PAID  
FCM LETTER  
SAN JUAN, PR  
00918  
AUG 25, 21  
AMOUNT  
**\$0.55**  
R2306E126165-11



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Carmen G. Echevarria Molina

Participant's Address:

Carr 734 B<sup>o</sup> Arenas P.O. Box 1939 Cidra P.Rico 00739

Participant's Email Address:

cgeche1955@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

175345

Nature of Claim:

importe del salario sin cobrar o adeudado de empleados públicos del Departamento de Educación y pensión/jubilación.

By:

Carmen G. Echevarria Molina  
Signature

Carmen G. Echevarria Molina  
Print Name

—  
Title (if Participant is not an individual)

23 de agosto de 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Sra. Carmen G. Echevarria Molina

P.O. Box 1939

Carida, P.R. 00739-1939

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2021 AUG 27 PM 1:38  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

SAN JUAN PR 009  
23 AUG 2021 PM 1 L



United States District Court, Clerk's Office  
150 Ave, Carlos Chardon ste 150,  
San Juan P.R. 00918-1767

23 AUG 2021 PM 1 L

529071-B SAN JUAN PR 009





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carmen G. Echevarría Molina  
Participant's Address: Carr 734 B° Arenas P.O. Box 1939 Cidra Puerto Rico 00739  
Participant's Email Address: cgeche1955@gmail.com  
Name of Counsel: —  
Address of Counsel: —  
Email Address of Counsel: —

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 175356  
Nature of Claim: importe del salario sin cobrar o adeudado de empleados públicos del Departamento de Educación y pension jubilación.  
By: Carmen G. Echevarría Molina  
Signature  
Carmen G. Echevarría Molina  
Print Name

Title (if Participant is not an individual)

23 de agosto de 2021  
Date

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Sta. Ganner G. Echevarria Molina

P.O. Box 1939  
Ciota P.R. 00739-1939

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2021 AUG 27  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

SAN JUAN PR 009  
23 AUG 2021 PM 1 L



United States District Court Clerk's Office  
150 Ave Carlos Chardon Ste 150,  
San Juan P.R. 00918-1767

23 AUG 2021PM 1 L

5299SANJUANPR009



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Carmen A. Rivera Teres

Participant's Address:

Apt 203 # 6516 C. Club, San Juan 00982

Participant's Email Address:

C. rivera 0652 @ gmail.com

Name of Counsel:

Court's Clerk's

Address of Counsel:

San Juan P.R.

Email Address of Counsel:

C. rivera 0652 @ gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283 - LTS (num. 148696)

Nature of Claim:

Public employee and Pension/retiree

By:

Signature

Carmen A. Rivera

Print Name

SMA

Title (if Participant is not an individual)

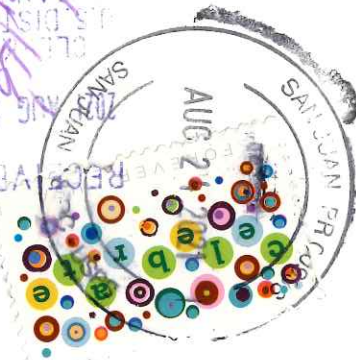
Agosto 2021

Date

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United States District Court  
Office 150 Ave Carlos Chardín  
San Juan P.R. 00981-1604



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Haydee Rodriguez Moreno

Participant's Address:

Hc 02 Box 5734 So. Calabaz. Lincoln P.R. 00672

Participant's Email Address:

Kinderato@GMail.Com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

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2021 AUG 27 PM 1:38  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

162139

Nature of Claim:

Public Employee and Pension Retiree

By:

Haydee Rodriguez Moreno  
Signature

Haydee Rodriguez Moreno  
Print Name

Title (if Participant is not an individual)

16 Agosto 2021  
Date

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Hacdee Rodriguez Moreno  
Hc 02 Box 5734  
Bo. Caguade, Lincoln PR

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2021 AUG 27 PM 1:38

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

00918-333333

United States District Court,  
Clerk's Office, 150 Ave.  
Carlos Chardon Ste. San Juan PR.  
00918-333333

SAN JUAN PR  
24 AUG 2021 PM





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Giovanna M. Vazquez Marceno  
Participant's Address: Urb Villa Graciele Apt c/cefrino Ed. Junior Pl. 00777  
Participant's Email Address: giovannamarceno@gmail.com  
Name of Counsel: W / No  
Address of Counsel: W / No  
Email Address of Counsel: W / No

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 71396  
Nature of Claim: Pension / Retirement claims

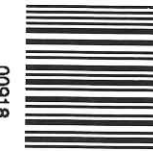
By: Giovanna M. Vazquez Marceno  
Signature  
Giovanna M. Vazquez Marceno  
Print Name

Title (if Participant is not an individual)

2 / agosto / 2021  
Date

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Janes Pl. 00777



U.S. POSTAGE PAID  
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SAN JUAN, PR  
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**\$6.45**  
R2305E126165-09



7020 2450 0002 J101 0636



United States District  
Ave. Carlos Chardier  
541 150  
San Juan Pl. 00918-1767

2021 AUG 27 PM 1:38

RECEIVED & FILED

Court Clerk

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: (United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Ola M. Martinez

PO BOX 561286  
Guayama, P.R. 00656

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2021 AUG 27 PM  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

SAN JUAN PR 009  
24 AUG 2021 PM 1 L



United States District Court  
Clerk's Office, 150 Ave Carlos Chagas  
State 150

00918-17885  
Sales Tax  
17885  
1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

JOSÉ GÓMEZ RIVERA

Participant's Address:

#1-FZV URB VILLA ENCAVATO - JOMAR P.R.

Participant's Email Address:

JGomez508@gmail.com

Name of Counsel:

PR TELCO.

Address of Counsel:

SAN JUAN P.R.

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17508-1-1

Nature of Claim:

RETIRED

By:

Signature

JOSÉ GÓMEZ RIVERA

Print Name

RETIRED

Title (if Participant is not an individual)

8-20-21

Date

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José Manuel Rodríguez  
#1-PR-1-VILLA ENCANTO  
JUAN AIR PR00795

52901-81500



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10:  
COURT'S CLERK OFFICE  
UNITED STATES DISTRICT COURT  
150 ALEXANDERSON SITE 150  
SAN JUAN PR 00910-1767

2021 AUG 27 PM 4:42

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